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CONFIRMATION NO. 8202

<b>SERIAL NUMBER</b> 10/749,346	<b>FILING OR 371(c) DATE</b> 12/30/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3774	<b>ATTORNEY DOCKET NO.</b> 13447.40
<b>APPLICANTS</b> Daniel F. Justin, Logan, UT; E. Marlowe Goble, Alta, WY; Joel Dever, Nibley, UT; Carlyle J. Creger, Logan, UT; Daniel J. Triplett, Providence, UT;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/05/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> UT	<b>SHEETS DRAWING</b> 27	<b>TOTAL CLAIMS</b> 54
<b>INDEPENDENT CLAIMS</b> 6				
<b>ADDRESS</b> 43963				
<b>TITLE</b> TIBIAL CONDYLAR HEMIPLASTY IMPLANTS, ANCHOR ASSEMBLIES, AND RELATED METHODS				
<b>FILING FEE RECEIVED</b> 2470	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	